



**POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
STATEMENT OF ORGANIZATION**
State Form 28251 (R8/11-05)
Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name <i>West Area Republican Political Action Committee</i>			3. Acronym or Abbreviated Name (if any) <i>WARPAC</i>		
4. Mailing Address (Address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <i>5364 Holly Springs Drive West</i>			5. E-mail Address (Optional)		
6. City <i>Indianapolis</i>	State <i>IN</i>	ZIP Code <i>46254</i>	7. FAX (Optional) ()	8. Telephone (<i>317</i>) <i>605-2943</i>	9. Committee Organization Date (MM-DD-YY) <i>03-30-09</i>
10. Is this committee registered with the Federal Election Committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
12. State the purpose of the committee and on which issues the committee expects to focus. <i>This committee is formed as an answer for Marion County West Area Republicans to impact the political process.</i>					
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.			14. Is this committee supporting a political party's entire ticket? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Check party affiliation if applicable: <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other		
15. If supporting or opposing a public question, state both the subject of the question AND the committee position.					

16. Chairperson's Name <input checked="" type="checkbox"/> Check if this is a new chairperson <i>David W. Holt</i>		17. E-mail Address (Optional) <i>holt.d@stcglobal.net</i>			
18. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address <i>7361 Bramblewood Lane Indianapolis, IN 46254</i>		19. Telephone (Day) ()		20. Telephone (Evening) (<i>317</i>) <i>519-2707</i>	
21. Treasurer's Name <input type="checkbox"/> Check if this is a new treasurer <i>Scott Zarazee</i>		22. E-mail Address (Optional) <i>Zarazee.scott@hotmail.com</i>			
23. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address <i>5364 Holly Springs Drive West Indianapolis, IN 46254</i>		24. Telephone (Day) ()		25. Telephone (Evening) (<i>317</i>) <i>605-2943</i>	
26. Custodian of Records' Name <input checked="" type="checkbox"/> Check if this is a new custodian <i>Scott Zarazee</i>		27. E-mail Address (Optional)			
28. Mailing Address <input type="checkbox"/> Check if this is a new address <i>5364 Holly Springs Drive West Indianapolis, IN 46254</i>		29. Telephone (Day) ()		30. Telephone (Evening) (<i>317</i>) <i>605-2943</i>	
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) <i>Regions Bank</i>					

SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer <i>Scott Zarazee</i>	Signature of the Committee Chairperson <i>David W. Holt</i>
---	--	--

SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.			FOR OFFICE USE ONLY <i>Elizabeth J. White</i> MAR 30 2009 FILED
34. Typed or Printed Name of Treasurer <i>Scott Zarazee</i>	Signature of Treasurer <i>Scott Zarazee</i>	Date (MM-DD-YY) <i>3-30-09</i>	

SECTION D. CERTIFICATION OF STATEMENT

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.		
35. Typed or Printed Name of Chairperson <i>David W. Holt</i>	Signature of Chairperson <i>David W. Holt</i>	Date (MM-DD-YY) <i>03-30-09</i>

Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)